

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006419

FILED
Apr 18, 2007
Secretary of State

Entity Name: PLAYGROUND HOME OWNERS ASSOCIATION INC

Current Principal Place of Business:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 20-4479078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C
4475 LEGENDARY DRIVE
BOX 40
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COOK, JOSEPH M
42 BUSINESS CENTRE DRIVE
SUITE 303
MIRAMAR BEACH, FL 32550 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH M. COOK

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVARONA, ENRIQUE J
Address: 324 CYPRESS BREEZE BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP () Delete
Name: ADKINSON, WAYNE
Address: 20874 US HIGHWAY 331 SOUTH
City-St-Zip: FREEPORT, FL 32439 US

Title: S () Delete
Name: BARNIV, CHARLES
Address: 4520 BRISTOL COURT
City-St-Zip: NICEVILLE, FL 32578 US

Title: T () Delete
Name: ADKINSON, CHAD
Address: 145 ACACIA STREET
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ADKINSON, WAYNE
Address: 557 WATERVIEW COVE
City-St-Zip: FREEPORT, FL 32439 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ADKINSON, CHAD
Address: 210 CYPRESS BREEZE BLVD SOUTH
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE DEVARONA

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date